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AUG 1 0 2006	بب ابر						U.S. Patent	Appro-	ved for use throug ark Office; U.S. DE	h 7/31/2006. O	0/SB/17 (01-06) 0MB 0651-0032 E COMMERCE	
PART PADEMANNO	Under the Pa	perwork Reductio	n Act of 199	5, no person are re	quired to	respond		n of informatio	in unless it display	s a valid OMB o		
TRADEM	Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2006					Complete if Known						
									09/446,783 June 26, 1998 (Intl.)			
						Filing Date First Named Inventor			Neil P. DESAI			
							niner Name		M. Hartley			
	Applicant claims small entity status. See 37 CFR 1.27						Init		1618			
	TOTAL AMOUNT OF PAYMENT (\$) 2,950.00						Attorney Docket No. 4200520001			6		
	METHOD OF	PAYMENT	(check all	that apply)				1				
	Check	Credit Can		Money Order	Nor	ne	Other (	please identi	fy):			
	x Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP											
	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)											
	X Charge fee(s) indicated below							Charge fee(s) indicated below, except for the filing fee				
	x Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17											
	FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)											
	1. BASIC FILING, SEARCH, AND EXAMINATION FEES											
	FILING FEES SEARCH FEES EXAMINATION FE Small Entity Small Entity Small Entity Small Entity									6		
	Application T	vpe	<u>Fee (\$)</u>	Fee (\$)	<u>Fee (\$</u>		Fee (\$)	<u>Fee (\$)</u>	Fee (\$)	<u>Fees P</u>	<u>aid (\$)</u>	
	Utility		300	150	500		250	200	100			
	Design		200	100	100		50	130	65			
	Plant		200	100	300		150	160	80			
	Reissue		300	150	500		250	600	300			
	Provisional		200	100	0		0	0	0			
	2. EXCESS CL Fee Description									Fee (\$)	Small Entity Fee (\$)	
	Each claim ove		g Reissues	5)						50	25	
	Each independe	ent claim over	3 (includi	ng Reissues)						200	100	
	Multiple dependent						360	180				
	Total Claims Extra Claims Fee (\$) Fee						\$)	<u>Mu</u>	ultiple Dependent Claims			
		- 81 = <u>0</u>	X	<u>200</u> =	0	0.00				Fee Paid (\$)	2	
		ber of total claims			Eaa I	Paid (S	21	3	60 _	0.00	_	
	Indep. Claims 1	<u>Extra Cla</u> - 19 = 0	x	<u>Fee (\$)</u> 50 =		0.00	·/					
			nt claims pa	id for, if greater that		-						
	3. APPLICATIC	N SIZE FEE										
				ed 100 sheets o								
				application siz				or small en	uty) for each a	iduitional 50		
	Total Sheet		a Sheets				nal 50 or frac	tion thereof	Fee (\$)	Fee P	Paid (\$)	
	- 100 = /50 (round up to a whole number) x =											
	4. OTHER FEE	(S)	_							Fees	Paid (\$)	
	Non-English	Specification	n, \$130 f	ee (no small ent	ity disc	ount)	lovomine		(000 37	70	0.00	
i	Other (e.g.,	late filing surc	harge): 1	801 Request 255 Extensior	for re	spons	e within fil	th month	(See 37		0.00 50.00	
	SUBMITTED BY			211						·		
	Signature	12		Zfa,	_		ration No. ey/Agent)	44,140	Telephone	(650) 813	3-4296	
	Name (Print/Type)	Alicia JCHa	iger	- p		I V MOIII	- Jurgenty		Date	August 10	), 2006	
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